

1800

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 181

Place of Birth Miami County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* November 25, 1923
(Month) (Day) (Year)

FATHER
FULL NAME Nicholas M. Angus

MOTHER
FULL MAIDEN NAME Anna Knezevich

I HEREBY CERTIFY that the child described
herein has been named

John N. Angus
(Give name in full) (Surname)

Mrs. N. M. Angus
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
M 11-41 A.P.

112-1125-128